

DIVISION OF SOCIAL SERVICES
STATE OF NORTH CAROLINA
DISASTER PLAN
2001

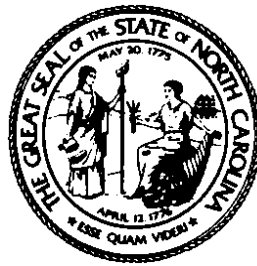


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INTRODUCTION

The North Carolina Division of Social Services is dedicated to assisting and providing opportunities for individuals and families in need of basic economic support and services to become self-supporting and self-reliant. The Division of Social Services advocates for and encourages individuals to seek actions appropriate to their needs. Furthermore, we recognize our responsibility through teamwork and professional effort to assist in this process. Toward this end, in cooperation with county department of social services, and other public and private entities, we seek to identify needs, devise and focus resources, and deliver services responsively and compassionately.

The Division of Social Services strives to:

- Ensure that children and adults are protected from abuse, neglect, and exploitation.
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- Strengthen family life in order to nurture our children so that they may become productive, healthy, and responsible adults;
- Assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies;
- Ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

PLAN OVERVIEW

In the event of a disaster it is the goal of the NC Division of Social Services to provide as needed:

Support to local Departments of Social Services
Administration of the Disaster Food Stamp Program
Support to Special Needs Shelters

Further, the NC Division of Social Services recognizes the role of coordination of mass care pursuant to statutory authority. However through a Memorandum of Agreement between the American Red Cross (ARC) and the State of North Carolina, the ARC operates appropriate shelter facilities and arranges for mass feeding during peacetime disasters, including precautionary evacuations and peacetime radiological emergencies/nuclear accidents.

The roles that the NC Division of Social Services and the local Department of Social Services have in a disaster are very important to ensure that citizens continue to receive the services that have been previously described.

The process through which we assure we are able to carry out our role includes:

Advanced Planning

Preparation
Response
Recovery

This plan outlines this process as they relate to the goals of the NC Division of Social Services.

PLANNING TEAM

To ensure that a comprehensive disaster plan was put in place a Planning Team was assembled. The team consists of administrative Staff as well as program section staff.

The team's functional unit representatives are:

Name	Program Area	Phone Number	Email
Beth Amos	Child Support Enforcement	(919) 571-4114	Beth.Amos@ncmail.net
Pheon Beal	Economic Independence	(919) 733-7831	Pheon.Beal@ncmail.net
Jim Bookout	Information Systems Project Management	(919) 733-3293	Jim.Bookout@ncmail.net
Hank Bowers	Planning & Evaluation	(919) 733-4530	Hank.Bowers@ncmail.net
Sherry Bradsher	Resource and Information Management	(919) 733-3055	Sherry.Bradsher@ncmail.net
Will Brown	Information Systems Support	(919) 733-8250	Will.Brown@ncmail.net
	Information Systems Project Management	(919) 733-3293	
Vicky Church	Staff Development	(919) 733-3293	Vicky.Church@ncmail.net
Nancy Coston	Division of Social Services	(919) 733-1259	Nancy.Coston@ncmail.net
Nick Gudzan	Personnel	(919) 733-7994	Nick.Gudzan@ncmail.net
	Local Support	(919) 733-3055	
Gwen Horton	Children's Services	(919) 733-3801	Gwen.Horton@ncmail.net
Hope Hunt	Children Services	(919) 733-9461	Hope.Hunt@ncmail.net
Paul LeSieur	Budget Office	(919) 733-1259	Paul LeSieur@ncmail.net
Monique McKinzie	Information Systems Project Management	(919) 733-3293	Monique.McKinzie@ncmail.net
Wilbert Morris	Economic Independence	(919) 733-7831	Ben.Watts@ncmail.net
Rozalyn Pettyford	Adult Services	(919) 733-3818	Rozalyn.Pettyford@ncmail.net

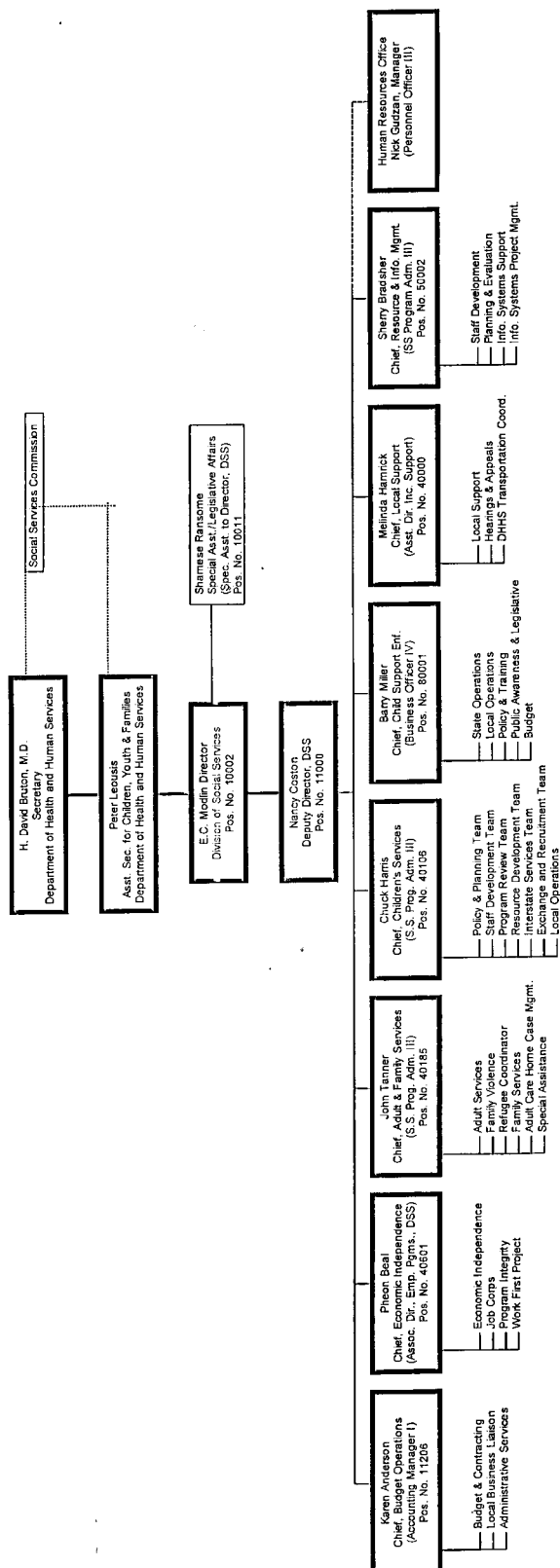
See Appendix 1 for a roster of the NC DSS Disaster Response Team.

ORGANIZATIONAL CHART

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SOCIAL SERVICES

OVERVIEW

Approved by: *[Signature]*
Division of Social Services
Date: 7-1-00
DHHS Approval: _____
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ADULT AND FAMILY SERVICES, John Tanner, Section Chief

The Adult and Family Services Section ensures that social services for elderly and disabled adults and families with adjustment problems are developed, implemented, and administered consistently across the state. Adult and Family Services has programs that are designed to protect vulnerable adults from abuse, neglect, or exploitation; to keep people in their own homes as long as possible; to assist with placement when staying at home is no longer a safe option; and to promote these services with a family-centered approach.

BUDGET, CONTRACTING, AND ADMINISTRATIVE SERVICES, Karen Anderson, Budget Officer

The Budget/Administrative Services Section is responsible for overseeing general business and operational activities for the Division of Social Services. Responsibilities include budget development and administration, including assistance to the 100 county departments of social services and multiple contract agencies. Administrative Services handles purchasing, and administrative management function which include: facility management, parking, printing, inventory, and asset control, office system environment, safety, and warehouse management for the entire Division. The Budget Office provides technical assistance and consultation in the Division contract activities and ensures that all controls are in compliance with applicable rules and regulations.

CHILD SUPPORT ENFORCEMENT, Barry Miller, Section Chief

The Child Support Enforcement Section has the responsibility for supporting and supervising local child support enforcement offices. This Section consists of three branches that work together to meet the overall responsibilities of the sections. This section is made up of four branches. The branches are:

Policy and Training Branch: This branch is comprised of the PLS/Interstate, Data Analysis, and Policy and Training Units. This branch serves as a resource for the local child support offices to ensure that staff have a clear and comprehensive understanding of policy, that training needs are met, that location assistance through the State Parent Locator Service, and technical advice provided promptly and courteously to assist staff in the delivery of child support services in an effective and efficient manner.

Central Office Operations Branch: This branch has the responsibility for Collections, Reporting/Control, Distribution, Administrative Services, Client services, new hire, Tax Intercept and Credit Bureau Sections. This branch receives and post all child support payments from Clerk of Courts, Foreign states, federal and state tax intercepts to ensure that monies are distributed properly and timely in accordance with state and federal regulations.

Local Operations Branch: This branch provides oversight of local child support offices statewide, quality control of service delivery to clients, and technical assistance to ensure that agencies are in compliance with policy and procedures, state and federal regulations. This branch is dedicated to providing quality services and treating its customers with dignity, empathy, and respect.

ACTS Project: This branch oversees the implementation and management of the Automated Collection and Tracking System that provides support to the Child Support Enforcement (CSE) Program in areas of case management, reporting, accounting, distribution, and tracking all CSE core functions.

CHILDREN’S SERVICES, Chuck Harris, Section Chief

The Children’s Services Section carries out the Division’s supervisory responsibility related to child protection as prescribed in Federal and State laws, administrative rules, and policies. The Children’s Services Section is committed to the development and support of a collaborative, outcome-based approach to child protection that is proactive, family-centered and focused on achieving a safe, permanent home for all children.

ECONOMIC INDEPENDENCE, Pheon Beal, Section Chief

The Economic Independence Section supports and supervises county departments of social services in the delivery of benefits to eligible families and individuals for the Work First, Food Assistance, Low Income Energy Assistance and Crisis Intervention Programs. The section provides technical assistance in the area of detecting and preventing the occurrence of erroneous overpayments and prosecuting fraud in public assistance programs.

This section is responsible for overseeing the Job Corps Program. Job Corps provides (under federal contract) outreach, screening, and admission services to low income, out-of-school, 16-24 year old males and females who need vocational skills training in order to become employable, productive, and self-sufficient citizens.

This section is also responsible for Quality Assurance. The Quality Assurance area monitors programs to assure the correct application of both State and Federal laws and the proper administration of benefits to recipients. Feedback is given to both State and Federal officials as required and is utilized by program staff to enhance service delivery and improve program outcome goals.

LOCAL SUPPORT OPERATIONS, [Vacant], Section Chief

The Local Operations Section provides quality local support to county departments of social services where actual service delivery to clients is accomplished. This section offers management and programmatic consultations and technical assistance to Directors, Social Service Boards and other county officials through a Local Support Team.

This section is also responsible for Hearings and Appeals. This branch performs State level hearings on public assistance cases and prepares cases for judicial review. It issues the final agency decision on all contested matters, including recommendations made by Administrative Law Judges on hearings held by the Office of Administrative Hearings.

RESOURCE AND INFORMATION MANAGEMENT, Sherry Bradsher, Section Chief

The Resource and Information Management Section is responsible for managing the various sources of information within the Division, conducting various planning activities that affect all the Division programs, providing information for evaluation of the Division's programs, coordinating the Division's staff development and coordinating disaster related activities. This section is responsible for overseeing the use of technology within the Division, for developing and operating appropriate in-house computer applications to support operations and providing expertise to the program areas on the use of outside sources for data collection and analysis activities.

AUTOMATED SYSTEMS OVERVIEW

ADULT PROTECTIVE SERVICES REGISTRY - Tracks past and present Adult Protective Services cases. Provides data to generate reports for county DSS and NCDSS.

AUTOMATED COLLECTION AND TRACKING SYSTEM (ACTS) - Performs all case management, payment distribution and check printing functions for child support.

CENTRAL REGISTRY FOR CHILD ABUSE AND NEGLECT SYSTEM - Tracks children reported as having been abused, neglected, and/or dependency, as well as perpetrator information for substantiated cases. Gathers data to enable research and produce statistics and management reports for county DSS.

CHILD FATALITIES SYSTEM - Tracks investigations of circumstances where a child fatality has occurred.

CHILD PLACEMENT AND PAYMENT SYSTEM - Collects and tracks placement information on children in custody or placement responsibility of a county DSS. Issues reimbursements to county DSS and payments to child carrying institutions and public agencies for foster care. Issues adoption assistance subsidy to adoptive parents.

DAILY REPORT OF SERVICES SYSTEM - Tracks time spent by county DSS staff and identifies this time by client, service, and funding source.

ELIGIBILITY INFORMATION SYSTEM (EIS) - Maintains current and some historical information on Work First families. Vehicle for eligibility determination for Work First and Special Assistance benefits. Issues cash benefits. Provides data to produce statistics and management reports for county DSS and federal reporting.

EMPLOYMENT PROGRAMS INFORMATION SYSTEM (EPIS) - Maintains current and historical employment activity information for individuals participating in Work First employment services

ENERGY - Processes eligibility for the Low Income Energy Assistance Program.

FOOD STAMP INFORMATION SYSTEM (FSIS) - Maintains current and some historical information on Food Stamp households. Vehicle for eligibility determination for Food Stamp benefits. Sends information to EBTIS for the issuance of benefits. Provides data to produce management reports for county DSS.

FOSTER CARE FACILITY LICENSING SYSTEM - Maintains current and historical licensing information on foster parents and generates licenses for foster parents.

RECORDS MANAGEMENT SYSTEM - Facilitates the Interstate Compact on Placement of Children. Maintain data on adoption and foster case placements between other states and counties.

SERVICES INFORMATION SYSTEM (SIS) - Maintains current and historical record of all clients receiving services from county departments of social services. Provides notices to clients. Transmits authorization of service provider's claim for reimbursement. Provides data to produce management reports for county DSS.

ADVANCED PLANNING

Planning by both state Division of Social Services and local agencies must occur prior to a disaster. The state is responsible for developing and maintaining a plan of operation as outlined in this document.

Responsibilities of the state during the advanced planning stage include:

1. Assign central office and field staff to disaster team.
2. Develop and update at least annually a directory listing names of state office and county personnel responsible for disaster duties. The directory should include office, home, cellular and pager telephone number.
3. Provide an annual review of the plan to county directors. This may be done at the regional director meetings or in team meetings by the Local Support Managers.
4. Provide annual communication to the counties encouraging advanced planning at the local level on Special Needs Shelters.
5. Provide each county appropriate disaster related materials to be included in the Disaster Notebook. This will include Food Stamp Disaster guidelines, sample applications and forms.
6. Provide counties guidance on developing a local county DSS disaster plan of operation, separate from that developed with Emergency Management. Copies of sample plans will be provided by the Local Support Manager if needed. The Local Support Manager is available to assist counties by reviewing their local disaster plans annually as requested by each county.

7. Compile a list of information needed from counties which does not duplicate information available through another source such as outage information and available shelter sites from Emergency Management.
8. Use the Division of Emergency Management as a facilitator of information, which is not Division of Social Services specific.
9. Determine equipment needed, including short-term use of cellular phones.
10. Complete an annual skills assessment inventory of state staff and maintain database.

PREPARATION

The preparation phase will begin when it is determined a disaster is imminent. A disaster is considered imminent when the State Emergency Response Team (SERT) is activated. The Division's Disaster Coordinator or his/her designee will notify the Executive Management Team of SERT alerts or activations.

The Division will have the following responsibilities:

Notify counties anticipated to be in harm's way. Counties involved initially will be those in the path predicted by the Emergency Management Agency. The purpose of this communication will be to discuss DSS specific issues and to obtain information not provided through Emergency Management. (See Appendix 2, Directory of North Carolina County Departments of Social Services)

Notification will occur via:

E-mail,
Terminal message,
Telephone, and/or
Web Site.

The initial call down will officially notify counties of an imminent disaster and give information on if and when the DSS Communication Center will be activated.

1. Provide alternative communication methods in the event that telephone service is interrupted.
2. Update the directory of changes in personnel and telephones using e-mail and conference calls.
3. Notify state and field staff assigned to disaster response and review responsibilities.

The local agency will have the following responsibilities:

1. Provide any changes needed to directory.

2. Review local plan with staff
3. Monitor equipment needs, forms and supplies with staff
4. Coordinate with local Emergency Management
5. Notify Central Office of any needed personnel, equipment, forms or supplies.

RESPONSE

Response will begin as soon as communication can be established between the Division and Local Departments immediately following the event.

The Division responsibilities include

1. Contacting the counties known to have been impacted by the event to determine immediate needs. This will be accomplished through use of Emergency Management Communications system and the regularly scheduled conference call with the agency Director or his/her designee. In addition, communications for changes in written procedures may be transmitted via e-mail and the state division computer systems at pre-arranged intervals as required.
2. Responding to request by the counties for specific needs. This will include coordination of multi agency resources.
3. Determining the need to provide staff as necessary to assist the county operations.
4. Implementing plan to assign staff to special duties as required, making adjustments to these assignments as necessary based on event's impact on staff
5. Serving as a clearinghouse for counties volunteering to share staff.
6. Providing a list of shelters (ARC and non-ARC), their capacity, and availability to out of county residents to be updated from conference call and EMS information.

The local agency - responsibilities include

1. Activating immediately the agency disaster plan.
2. Determining any changes needed to assignments as a result of the disaster,

Notifying the state of any special needs

Providing updated data through the EMC system and participation in the scheduled conference calls.

Coordinating with local Emergency Management for all requests for assistance other than personnel needs.

RECOVERY

Recovery begins once normal operations have been resumed.

Division responsibilities during recovery include

1. Developing a format used to debrief staff.
2. Debriefing staff, including state, regional and county.
3. Analyzing debriefing data and modify procedures accordingly.
4. Recognizing staff as appropriate.

Local Agency responsibilities during response include

1. Debriefing staff and evaluating the results to determine any necessary changes in the county disaster plan, (See Appendix 3, NCDSS Disaster Debriefing Agenda; Appendix 4, DHHS Disaster Debriefing Agenda)

COMMUNICATION CENTER

DIVISION COMMUNICATIONS CENTER

The Division Communications Center has been established so that in the event of a disaster the division has a location where communication between the division, county social service offices, other divisions and SERT can be centralized. The Center is located in the Albemarle Building in room 832. It is equipped with 3 digital phone lines, 3 computers and 1 analog phone line.

The Division Director or his/her designee activates the Center when a specific disaster results in major damage in one or more counties and when division resources to support its disaster response and recovery efforts generally exceed normal operations. It is anticipated that the center may be activated in preparation for a major disaster. During many disasters, the impact or the event may not exceed the division's capacity to respond using personnel normally assigned to support a county or counties involved in a specific disaster. In these situations, the division would rely on normal personnel assignments and communication channels in disaster response.

Administrative staff should be made available to assist with requisitions for any supplies, equipment, copying or printing needs, and arranging for specific phone numbers to be assigned to the center. Personnel may also be tasked with arranging for conference call-in numbers for county briefings.

A minimum of three division employees are assigned to be contact persons at the center. These individuals include two Local Support Managers and at least one employee from the Economic Independence Section. The EI Section employee will serve as the Disaster Food Stamps Program liaison. The Local Support Managers have overall responsibility for communication with affected county social services departments. Additional staff may be assigned as needed.

Conference calls with affected counties are to be held on an established schedule. Conference calls should be scheduled daily during center operations unless otherwise noted. During preparations in anticipation of a hurricane the eight coastal counties are usually the first counties to be included in a briefing. This briefing should be conducted approximately 48 hours prior to projected landfall and as soon as the center is activated. (See Appendix 3, NCDSS Disaster Briefing Agenda; Appendix 5, Proposed Conference Call Protocol.)

The Division should notify counties by email, EIS and FSIS of the activation of the Center, contact persons, telephone numbers, e-mail address, conference call numbers and schedule. The division should also distribute information to the department and other divisions regarding contacts, phone numbers and department briefings. (See Appendix 6, Disaster Response Communication Center Operations Guidelines)

STATE DSS LIAISON WITH COUNTY DSS

In order to provide continuity of information and planning for the Division in its role to support counties during a disaster, the Division will assign specific staff to be the liaison with Division staff assigned to counties. A state staff person will have the responsibility for communicating with one or more counties. The number of counties that an individual has responsibility for depends on the nature of the disaster, the extent of the disaster geographically, and the number of Division staff available to staff the Communications Center. To the extent possible, all communications should go through that specific staff member to the staff assigned to the county. This will help the Division develop a continued clear picture of what the situation is like in a county and how the Division can best support the county. It also provides for tracking of requests from and responses to counties. This method of operation does not preclude other Division staff and Division Management from communication with counties as may be necessary such as during conference calls.

Depending on the nature of the disaster, it may be necessary to assign one or more staff to act as the liaison to specific counties especially if staffing is needed for periods of time that are impractical for one individual to handle. A normal assignment would be for 48 hours but not to exceed 72 hours unless there is no means to relieve.

When a disaster occurs in a county, the Division will offer to the County DSS Director one or more Division staff to work on site with the Director and appropriate county staff in their efforts to respond to the disaster. Division staff will preferably be part of the team that normally serves the county. The primary functions of the state staff is to assist the DSS Director and staff as requested, and to serve as the point of contact for communications between the Division Communications Center and the County DSS.

Depending on the length of time it is necessary for Division staff to be on site, it may be necessary for other Division staff to relieve the individual(s) originally assigned to the county.

FOOD STAMP PROGRAM RESPONSE TO A NATURAL DISASTER

The Food Stamp Program is designed to handle a natural disaster that causes interruptions in food supply, delivery and ability to purchase food. There are three separate responses to a natural disaster. Each response is contingent upon the size of the disaster and number of individuals effected. The economic situation of the individuals effected is also used to determine the need for intervention by the Food Stamp Program.

REGULAR FOOD STAMP PROGRAM. The regular ongoing Food Stamp Program has program rules to handle small disasters that affect a few individuals. Individuals, who have lost food during a natural disaster, can request replacement benefits to replace their food loss. This is outlined in Section 6000.4 of the Food Stamp manual. This does not require any declaration by the United States Department of Agriculture (USDA) or the state office.

MODIFIED FOOD STAMP PROGRAM. This is the most common response and is utilized for small to medium size natural disasters. The regular Food Stamp Program is run with modifications. The state must request waivers of Food Stamp Program rules for the affected areas. The most common program waivers include but are not limited to: waiver of gross income limits, net income limits only are utilized; applicants declaration of income and expenses will be taken unless questionable; non-liquid resources are excluded; out-of-pocket expenses for repairs, temporary lodging, etc., are allowable deductions; Employment and Training requirements are waived; and hot food is allowable purchases during the benefit period. The number and extent of waivers granted vary from disaster to disaster and are contingent upon number of individuals affected and the size of the disaster. Depending on the size of the disaster, the regular program may be run at the same time as the modified. In larger disasters, USDA will allow the state to run the modified program only during the designated application taking period.

DISASTER FOOD STAMP PROGRAM. This response is to handle large natural disasters that effect a large number of individuals and as such is rarely utilized. The only eligibility requirements for this program are: residency; must plan on purchasing food during the benefit period; must have experienced an adverse effect such as loss of food, lost income, damage to home or business etc. Identity must also be verified. Only Disaster Food Stamp Program applications are taken during the application taking period. The regular Food Stamp Program is suspended during that time frame.

In order to run a Modified or Disaster Food Stamp Program, state officials must request approval from USDA. USDA can approve or deny in whole or in part the plan including which counties are eligible to run these programs. The decision and declaration to operate either of these programs is separate and apart from Federal Emergency Management Agency's (FEMA) purposes and not meet USDA's guidelines for the Modified or Disaster Food Stamp Program. The reverse may also be true. The Modified or Disaster Programs are usually implemented 7-10 days post disaster. Prior to implementation of these programs, commodities may be distributed and mass feeding sites are usually operated. Both programs also require a fraud plan, and a review of a sample of approved cases. Each program also requires daily reporting to USDA of the number of applications taken, approved or denied, as well as the amount of benefits authorized and the average allotment size. Most of these reports are automatically produced by the Food Stamp Information System (FSIS), however, in smaller disasters, some manual reporting may be necessary.

Note: The Modified or Disaster Food Stamp Programs are not implemented until grocery stores are operating. Therefore electricity must be restored to a least some areas of the county in order for these programs to be approved. As such it is anticipated clients will be able to access their benefits through their EBT cards. EBT staff is currently working with Program staff and Citibank to develop a plan to provide quicker delivery of cards in a disaster situation. Until this is finalized, should a disaster occur, Disaster Food Stamp benefits will be delivered in the same manner as the ongoing program.

GUIDELINES TO CONSIDER FOR SHELTERING SPECIAL NEEDS POPULATIONS DURING EMERGENCY SITUATIONS

This section of the document has been prepared as a guideline for counties in providing adequate sheltering to meet the requirements of special needs populations during emergency or disaster situations. County government in planning for mass care is encouraged to incorporate these definitions and guidelines for special care shelters in its emergency operations plan.

It is important that the plan for special care shelters include the following:

- An assessment of the special needs population that will potentially evacuate to a special care shelter;
- Identification of specific facilities to be activated as special care shelters;
- Identification of all group care facilities in the county and an indication of their emergency plans;
- Identification of the primary agency responsible for coordination of special care shelters; and
- Identification of essential resources (specifically, medical personnel, supplies, medical transportation needs, food, and equipment) necessary to support special care shelters.

(Special appreciation is given to the Special Care Sheltering Committee and to the Special Needs Registry Work Group. We recognize with grateful appreciation the contributions of voluntary registry information and documents from Chatham, Craven, Cumberland, Durham, New Hanover, Pitt, Union, Vance, and Wake Counties, North Carolina; Brevard County, Florida; and Wayne County, Georgia.)

Individuals and their families have primary responsibility for being prepared for and surviving disasters. This responsibility extends to caregivers for special needs populations. Local government and/or the American Red Cross provide assistance as their capacities allow during disasters. During disasters, most people needing to move from harm's way seek shelter with relatives, friends, and neighbors or in hotels or other commercial residential options. If those options are not available, general public shelters are available under emergency conditions. For further information about the roles of general public shelters, see Appendix 7. However, there are people with special medical needs beyond the general public sheltering capacities.

SPECIAL CARE SHELTERS

Special Needs Definition. Multiple definitions exist in our various service systems for “special needs” populations. For the purposes of disaster response, “special needs populations” refers to those individuals whose physical, emotional/cognitive, and/or medical conditions are such that they, even with help from families or friends, would not be able to minimally meet their basic needs during a 48 hour emergency period. People with special needs include individuals who would need assistance with medical care or personal care during evacuations and sheltering because of physical or mental impairments. The level of care by these people would go beyond the basic first aid level of care that is available in general public shelters. Caregivers are expected to accompany persons with special needs to special care shelters and are responsible for the persons’ care during disaster evacuation and sheltering.

Routing to Special Care Shelters. Persons with impairments who are self-sufficient and capable of performing activities of daily living without assistance, including self-administering medications, etc., are sheltered in general public shelters. Also served in general public shelters are individuals with pre-existing health problems that require some limited surveillance or special assistance by shelter medical staff. Such care must be within the guidelines of ARC Disaster Physical and Mental Health protocols when the shelter is identified as an ARC Disaster Shelter and should meet, at a minimum, these protocols when operated by other disaster service providers (e.g., DSS, churches, etc.).

Separate special care shelters or portions of general public shelters are designated by county government to care for people with special care requirements as depicted below. The level of care and resources available in special care facilities may vary from jurisdiction to jurisdiction (e.g., DSS jurisdiction, county lines, etc.).

- People with minor health or medical conditions that require physician-ordered observation, assessment, and maintenance;
- People with contagious health conditions that require minimal precautions or isolation which cannot be handled by the general public shelter staff;
- People with chronic conditions who require assistance with activities of daily living and do not require hospitalization;
- People with regular need for medications and for regular vital sign readings which require professional assistance;
- People who are patients in nursing homes, residents in adult care homes, including DDA homes; family care homes, group homes, clients of home care or hospice agencies, etc. Residents in adult care homes, family care homes, etc. who are capable of performing activities of daily living may seek shelter in general public shelters.

Caregivers are expected to accompany people with special needs to special care shelters. When conditions extend the stay in special care shelters, caregivers are expected to make arrangements for their own relief. Additionally, caregivers are responsible for the care of assistance dogs needs during sheltering (for example, food and elimination concerns).

See Appendix 8 for categories of special needs patients and care support levels required.

SPECIAL CARE SHELTERS SITE SELECTION:

Because of the extent of care needed by the special needs populations, county officials are encouraged to make arrangements where possible with available licensed health care or special home care facilities to be designated as sites for special care shelters prior to disaster. The least preferred site for a special care shelter is an area within ARC regular shelters or an area within primary hospitals. Hospitals areas may be needed for unusual medical emergency particularly following the event during the recovery phase. Criteria used for designating facilities as special care shelters can be found in Appendix 9.

Facilities. Special care shelter facilities may include but not be limited to:

Health Care Facilities

Auxiliary hospital facility (out patient surgery unit, physician services, wellness centers, closed wings)
Rehabilitation Centers
Infirmaries, primary care centers, large medical practice buildings

Residential Care Facilities

Adult care homes

Home care agencies

Nursing homes

Group homes

DDA homes

Mental health group homes

Emergency Shelter/Health Facilities Rules Waiver (Senate Bill 34). In 1999 the General Assembly of North Carolina ratified SB 34, “Emergency Shelter/Health Facilities Rules Waiver,” permitting the temporary waiver of certain rules for certain licensed health care facilities and adult care homes to provide temporary shelter or services during disasters and emergencies on a voluntary basis (see Appendix 10. Senate Bill 34). This bill did not include immunity provisions, however, certain immunities are provided by Article 1 of G.S. 166A

Health care facilities, home care agencies, and adult care homes are encouraged to be proactive with their local emergency management agencies in planning for temporary sheltering of special needs populations. **The emergency management agency requesting temporary shelter or services from a facility during a disaster or emergency must notify the Division of Facility Services at 919-733-2342 within 72 hours of the time the pre-approved waivers are deemed by the emergency management agency to apply.**

Guidelines for Senate Bill 34. In the summer of 2000, the Special Care Sheltering Committee developed the following specific guidelines in response to SB 34:

❑ **Admission Criteria**

The admission criteria of health care facilities, home care agencies, and certain adult care homes is waived for the special needs population in order for the facility to provide temporary sheltering or other services during disasters or emergencies. The special needs individuals are not considered “admitted” to the facilities. However, it is important for facilities serving as special needs shelters to obtain basic information about the care receiver, such as current medications, special diet needs, current treatment, allergies, communication needs, assistive devices, etc.

❑ **Exceed Capacity Limits**

For the purposes of providing special needs sheltering during a disaster or emergency, facilities may exceed their licensed capacity, but not beyond the level necessary to provide good care. Since caregivers are expected to accompany special needs levels 1 and 2 populations, wherever possible, facilities should include the special needs population *and their caregivers* when considering physical space, staffing, supplies, and other facility needs.

❑ **Medication and Record Security**

Since special needs populations are expected to bring a three day supply of their own medications, facilities need to have a reasonable plan for the safe storage of those medications. Caregivers will be expected to administer medications as well as maintain and securely keep the records for the care receiver.

❑ **Transportation to and from Facilities**

When conditions allow, caregivers are expected to be the primary transporters. When conditions do not permit, the local emergency management plan should be consulted for transporting of special needs populations and their caregivers to and from the shelters.

Reporting on Special Care Shelters. When the decision is made to activate a special care shelter in a county, the County Emergency Management Coordinator shall be responsible for submitting periodic reports to the State EOC on the shelter operations, including population served, number of staff, meals, and other essential information.

VOLUNTARY REGISTRATION PROCESS FOR CITIZENS WITH SPECIAL NEEDS

County government is encouraged to establish a voluntary registration process to assure that local emergency management and human service officials can identify and assist individuals who need special assistance or sheltering during a disaster, due to conditions affecting physical or cognitive functioning. A registry should include all identifying information on the individual including address; directions to residences; medical condition; physician, health care provider or family member who is providing home care; transportation needed in the event of a disaster; intended plans during a disaster (e.g., plans to stay with family or the need for sheltering); etc.

Special Needs Committee. A coordinated effort among emergency management and human service organizations will facilitate whatever registration method the county uses. It is recommended that a local special needs committee provide on-going input into the development and maintenance of a special needs registry. This committee can address a number of related issues including special needs sheltering, disaster relief for special needs populations, and unmet needs following a disaster.

Suggested representation for a county special needs committee includes, but is not limited to, the following:

- Citizens with disabilities
- Emergency management personnel
- Emergency medical services
- American Red Cross chapter
- Salvation Army
- Department of social services
- Health department
- Home health and hospice agencies
- Area mental health program
- Local aging agency and/or senior center
- County aging advisory committees
- County long term care advisory committees
- The county social worker for the blind, located in the department of social services
- Regional Center for the Deaf and Hard of Hearing
- Children's programs
- Hospitals

- Schools
- Other appropriate organizations serving special populations

Administration and Maintenance of the Special Needs Registry. How to administer and maintain a special needs registry differs depending on local factors. Each county has its own unique circumstances, resources and needs. Following are two basic scenarios that have been identified in North Carolina counties having a special needs registration process. These are not the only possible methods but offer two workable models.

1. The emergency management office processes applications and maintains a central special needs database, with assistance or input from key human service organizations. There must be a workable plan for keeping the database updated.

During a disaster warning period, the emergency management office takes responsibility for ensuring that registrants are contacted and their needs are met. Coordination with human service and transportation-related agencies is important to assure that these agencies can assist with needs that arise outside of the scope of emergency management.

2. The emergency management office coordinates with various human service agencies and organizations which each maintain their own special needs registry based on the population they serve. Emergency management's role is to assure a coordinated effort with no gaps in coverage.

During a disaster, emergency management would alert each of these agencies of the situation. Arrangements to contact each registrant and follow up on their needs should be worked out ahead of time by the special needs committee or emergency management office. Each agency will vary in its capacities to make such contacts and provide emergency assistance to those on its registry.

In some counties, each individual service provider agency takes responsibility for checking on the individuals listed on its own special needs registry. Agency volunteers trained in advance might be used to make initial phone calls and report on needs. The agencies would see that its special needs registrants had a way to evacuate, and if not, some agencies may be able to provide special transportation to a shelter. If the situation calls for sheltering in place, some agencies routinely follow through to assure that the person has an adequate three day supply of food, water, medical needs and other basic necessities. If the disaster requires more than three days for services to be restored, these agencies should re-establish contact.

When human service agencies encounter a situation beyond their capacity, they should immediately alert emergency management service of the situation.

Key agencies in each North Carolina county that receive Home and Community Care Block Grant funds are encouraged by the NC Division of Aging to assist with disaster needs of clients and other older adults where feasible and appropriate. However, it is important to understand that the resources available and the services offered by aging agencies and agencies serving other populations vary widely from county to county. Capacities of individual human service

providers and agencies must be assessed locally, and coordinated among these agencies and emergency management.

A Florida state statute requires special needs registries in all counties, and mandates that "... all appropriate agencies and community-based service providers, including home health providers, shall assist emergency management agencies by collecting registration information for people with special needs as part of program intake processes."

Identifying and Registering People with Special Needs. Human service agencies are a good starting point in identifying potential registrants. These might include the department of social services; the county social worker for the blind; health department; aging agency; hospitals; durable goods companies; regional center for the deaf and hard of hearing; the area mental health office; home health and hospice agencies; and agencies serving other special needs. Some agencies could routinely complete disaster special needs registration forms at the same time they interview clients and complete client intake forms.

Such agencies may also have contact with special programs, citizen organizations and other advocacy groups that serve a particular population. These are good avenues to get the word out. Examples are a local alliance for developmentally disabled individuals; senior citizen's organization; Alzheimer's chapter; or local mental health association. Senior centers, neighborhood associations, census workers, grassroots community organizations, and churches are other ways to contact potential registrants.

Determining Eligibility for the Registry. A special needs registry cannot and should not be relied upon to identify all persons in need of special assistance in times of emergency. Therefore, potential registrants should be encouraged to develop individual evacuation and sheltering plans with family, caregivers and others in their support system if possible. If efforts are concentrated on community education so that those with special needs can develop an individual emergency plan, fewer names will need to be on a registry. Additionally, a plan to assist individuals who need help completing the form should be developed.

Depending upon individual county circumstances, the special needs committee might outline specific eligibility criteria.

The county's special needs committee needs to determine a process to verify the needs stated in the application for registry. Applications should include contact information for a physician, home health agency, etc. This would not require that specific medical diagnoses be disclosed. Any applications in question might be given to appropriate agencies to follow up with the registrant and authorize the registration.

Several counties have developed forms requesting a medical care contact such as a physician to enable screening of each applicant. Brevard County, Florida includes a notification process to confirm or deny registration for all applicants.

Confidentiality Issues. Confidentiality is a key concern when setting up and maintaining a special needs registry. The system used should carefully guard the specifics of information about these vulnerable populations.

A key issue is, how much information should a person be required to divulge in order to participate in a registry system? In order to maintain confidentiality about medical conditions, counties should focus on functional or cognitive needs, NOT medical diagnosis.

It is generally not necessary for an emergency official transporting someone to shelter to know specific medical details. It is more important to know information about needs, such as the fact that a person uses a wheelchair or needs a place to store refrigerated medications.

Some counties have made the decision to base their registries on a medical model that includes more extensive medical information. In Durham County, the county health department is a key player in the development of the registry. The Department of Social Services, the Council for Senior Citizens, and other human service agencies are also involved with the county Emergency Management office to develop the registry. The Durham County health department will play a key role in obtaining the medical information requested on the registry form from an individual's health care provider.

A second important confidentiality issue is safe and secure storage of the information. It is critical that all data about people with special needs be carefully protected. A well-designed system should be in place to assure that strict confidentiality is maintained and access to computer data, as well as documents on file containing identifying information about individuals with special needs, is carefully controlled.

Human service agencies generally follow state or specific program requirements regarding confidentiality. If such agencies are registering clients or others for special needs in disasters, they may need to assure that special needs registry policies do not conflict with agency policies regarding confidentiality requirements. Some agencies may address these issues by using separate client intake forms and special needs registry forms, and having the individual registering to verify by signature that he/she is voluntarily releasing information for emergency use.

Unmet Expectations and Liability Issues. Concern for liability has caused some counties to hesitate in developing a special needs registry. Concern has been expressed by some officials about setting up expectations that may be impossible to meet during a serious disaster. Such concerns may include the level of care a county can make available for special needs or the capacity of a county emergency management office to make contact with each individual on the registry before a disaster occurs.

Confidentiality issues discussed in the previous section also raise potential liability concerns. Some counties maintain signed statements for each person on the registry to verify that he/she understands the conditions and limitations of registration and to grant permission for specific actions such as 1) release of information in an emergency to one or more agencies or others

specifically named in the form such as 911 operators; or 2) for local law enforcement to enter their home in an emergency.

Counties are encouraged to obtain legal counsel concerning the promises or assurances contained in the registration form adopted for use.

Pet Care. Assistance dogs are an important consideration. In accordance with the Americans with Disabilities Act, an animal used by an individual to assist with a disability, such as a guide dog for a person with a visual impairment, must be permitted both in regular public evacuation shelters and in special needs shelters. The registration form should be designed to include information about assistance dogs so their needs can be anticipated and they can be evacuated and sheltered appropriately.

Related Programs. Some counties have access to one or more of the programs or services below. These can be the basis of the special needs registry process and be used to identify or contact individuals with special needs:

- “Are You Okay?” program
- Power companies may keep information on people who are on ventilators or other basic life support equipment at home
- Public information requirements for power companies in counties with nuclear power plants
- Enhanced 911 (“E-911”) System
- Client tracking systems of human service agencies

Feedback from Counties to the State. As the development and operation of a special needs registry is discretionary, routine reports to the state are not required. However, the NC Division of Emergency Management and the NC Special Needs Shelter Task Force, under the auspices of the NC Division of Social Services, are interested in feedback from counties about their special needs registries in the following areas:

- Number registered in county special needs registry;

This information will be very helpful in assessing disaster assistance support needs to be provided by the state or FEMA. It will also help when the state submits proposals to FEMA or other resources to quantify the need for assistance related to special needs populations;

- Feedback on local registries’ effectiveness during disasters and problems after emergency events;
- Feedback from counties as they develop and use their special needs registries will assist in making recommendations and offering technical assistance to other counties that are developing registries.

Special Needs Registry Forms. Many counties already have registry systems and forms in place. Each county must use a format that best meets its unique needs. The form in Appendix 11 is intended to focus on essential information that each county needs to capture. A final section includes additional information of a less essential nature that counties may still find helpful. Counties may design or adopt any format desired.

PLAN IMPLEMENTATION AND MANAGEMENT

IMPLEMENTATION

Each Section Chief has been given a copy of the Disaster Plan to review and share with section members.

MANAGEMENT

The team that was initially assembled to develop the Disaster Plan will continue to meet regularly. The team will meet quarterly to discuss the overall progress and testing of section plans. This team discusses and resolves issues that may not have been identified or may have been duplicated, as well as any problems that and solutions regarding section plans that are of interest to the team as a whole.

The Disaster Plan will be updated as needed. The updates will be based on team member changes, review of section plans, and needed adjustments stemming from contingency plan testing.

APPENDICES

APPENDIX 1

APPENDIX 2

DIRECTORY OF NORTH CAROLINA COUNTY DEPARTMENTS OF SOCIAL SERVICES
September 25, 2000

- | | |
|--|--|
| 01. Ms. Susan Osborne, Director
Alamance County DSS
319 N. Graham Hopedale Rd.
Suite C
Burlington, NC 27217
Tel. 336-570-6532
Fax # Admin. 336-570-6538
Services 336-570-6771
Income Maintenance 336-570-6499
Child Support 336-570-6586
Courier #: 17-42-05 | 02. Mrs. Nan Campbell, Director
Alexander County DSS
334 7th St., SW
Taylorsville, NC 28681
Tel. # 828-632-1080
Fax # 828-632-1092
Courier #: 15-83-09 |
| 03. Miss Sandra A. Ashley, Director
Alleghany County DSS
PO Box 247
Sparta, NC 28675
Tel. # Main 336-372-2411
Food Stamps 336-372-2414
Fax # 336-372-2635
Courier #: 15-97-06 | 04. Larry Crandell, Director
Anson County DSS
118 N. Washington St.
Wadesboro, NC 28170
Tel. # 704-694-9351
Fax # 704-695-1608
Courier #: 03-82-19 |
| 05. Mrs. Donna Weaver, Director
Ashe County DSS
PO Box 298
Jefferson, NC 28640
Tel. # 336-246-1900
Fax # 336-246-6231
Courier #: 15-66-04 | 06. Ms. Marie Gwyn, Director
Avery County DSS
PO Box 309
Newland, NC 28657
Tel. # 828-733-8230
Fax # 828-733-8245
Courier #: 12-40-11 |
| 07. Ms. Suzanne Gray, Director
Beaufort County DSS
PO Box 1358
Washington, NC 27889
Tel. # 252-975-5500
Fax # 252-975-5555
Courier #: 16-08-01 | 08. Mr. Morris Rascoe, Director
Bertie County DSS
PO Box 627
Windsor, NC 27983
Tel. # 252-794-5320
Fax # 252-794-5344
Courier #: 10-93-18 |
| 09. Mr. Marvin Rouse, Director
Bladen County DSS
PO Box 369
Elizabethtown, NC 28337
Tel. # 910-862-6800
Fax # 910-862-6801
Courier #: 04-26-17 | 10. Mr. James Orrock, Director
Brunswick County DSS
PO Box 219
Bolivia, NC 28422-0219
Tel # Main 910-253-2077
Director 910-253-2080
Admin. Assist. 910-253-2139
Fax # 910-253-2071
Courier #: 04-20-19 |

11. Mr. Calvin E. Underwood, Director
Buncombe County DSS
PO Box 7408
Asheville, NC 28801
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Fax # 828-255-5845
Courier #: 12-50-02
12. Mr. Paul Burge, Director
Burke County DSS
PO Box 549
Morganton, NC 28680-0549
Tel. # 828-439-2000
Fax # 828-439-2137
Courier #: 15-01-06
13. Mr. James F. Cook, Director
Cabarrus County DSS
1303 S. Cannon Blvd.
Kannapolis, NC 28083
Tel. # 704-939-1400
Fax # 704-939-1401
Courier #: 05-09-02
14. Mr. Sammy Haithcock, Director
Caldwell County DSS
1966-H Morganton Blvd., SW
Lenoir, NC 28645
Tel # 828-757-1180
Fax # 828-757-1189
Courier #: 15-24-17
15. Sylvia Holley, Acting Director
Camden County DSS
PO Box 70
Camden, NC 27921
Tel. # 252-331-4787
Fax # 252-335-1009
Courier #: 10-41-10
16. Mr. Robert D. Eason, Director
Carteret County DSS
PO Box 779
Beaufort, NC 28516
Tel. # 252-728-3181
Fax # 252-728-3631
Courier #: 11-14-24
17. Mr. Robert L. Gribble, Jr., Director
Caswell County DSS
Drawer S
Yanceyville, NC 27379
Tel. # 336-694-4141
Fax # 336-694-1816
Courier #: 02-51-14
18. Mr. Bobby Boyd, Director
Catawba County DSS
PO Box 669
Newton, NC 28658
Tel. # 828-326-5600
Fax # 828-322-2497
Courier #: 09-70-03
19. Mr. Robert E. Hall, Jr., Director
Chatham County DSS
PO Box 489
Pittsboro, NC 27312
Tel. # 919-542-2759
Fax # 919-542-6355
Automated Attendant: 919-542-0536
Courier #: 13-25-02
20. Ms. Lisa P. Davis, Director
Cherokee County DSS
40 Peachtree St.,
Murphy, NC 28906
Tel. # 828-837-7455
Fax # 828-837-9789
Courier #: 08-52-03

21. Mr. William B. Rose, Director
Chowan County DSS
PO Box 296
Edenton, NC 27932
Tel. # Admin/IM/Child Support
252-482-7441
Services 252-482-7717
Fax # Admin/IM/ Child Support
252-482-7041
Services 252-482-3845
Courier #: 10-62-13
22. Mrs. Deborah G. Mauney, Director
Clay County DSS
PO Box 147
Hayesville, NC 28904
Tel. # 828-389-6301
Fax # 828-389-6427
Courier #: 08-51-07
23. Mr. John Wasson, Director
Cleveland County DSS
Drawer 9006
Shelby, NC 28150-9006
Tel. # 704-487-0661
Fax # 704-484-1051
Courier #: 06-52-03
24. Mr. Larry Moore, Director
Columbus County DSS
PO Box 397
Whiteville, NC 28472-0397
Tel. # 910-642-2800
Fax # 910-641-3970
Courier #: 04-21-23
25. Donn Gunderson, Director
Craven County DSS
2818 Neuse Blvd.
PO Box 12039
New Bern, NC 28561-2039
Tel. # 252-636-4900
Fax # 252-636-4946
Courier #: 16-66-02
26. Mr. William F. (Bill) Scarlett, Director
Cumberland County DSS
1225 Ramsey Street
PO Box 2429
Fayetteville, NC 28301
Tel. # Main 910-323-1540
Director 910-677-2035
Fax # Director 910-323-1509
Legal Dept. 910-677-2672
Transportation 910-677-2661
Day Care Section 910-486-4570
Adult Services 910-677-2646
Family Violence 910-677-2661
Work First 910- 677-2227
Work First Family Assist. 910-677-2248
Courier #: 14-62-41
27. Ms. Kathlyn S. Flora, Director
Currituck County DSS
PO Box 99
Currituck, NC 27929
Tel. # 252-232-3083
Fax # 252-232-2167
Courier #: 10-68-01
28. Mr. Jay F. Burrus, Director
Dare County DSS
PO Box 669
Manteo, NC 27954
Tel. # 252-473-1471
Fax # Director 252-473-9824
Income Maintenance 252-473-3353
Adult Protective Services 252-473-6437
Child Protective Services 252-473-6165
Courier #: 16-30-05

29. Ms. Catherine Lambeth, Director
Davidson County DSS
PO Box 788
Lexington, NC 27292
Tel. # Lex. 336-242-2500
Thomasville 336-474-2760
Fax # Lex. 336-249-7588
336-249-1924
Thomasville 336-472-6635
Courier #: 13-50-26
30. Ms. Karen Smith, Director
Davie County DSS
PO Box 517
Mocksville, NC 27028
Tel. #Main 336-751-8800
Food Stamps 336-751-8850
Fax # 336-751-1639
Courier #: 09-40-12
31. Mrs. Millie I. Brown, Director
Duplin County DSS
PO Box 969
Kenansville, NC 28349
Tel. # 910-296-2200
Fax # 910-296-2323
Courier #: 11-20-16
32. Mr. Daniel C. Hudgins, Director
Durham County DSS
PO Box 810
Durham, N C. 27702
Tel. # Main 919-560-8000
Director 919-560-8038
Child Protective Services 919-560-8424
Child Support 919-560-8900
Adult Services 919-560-8600
Income Maintenance 919-560-8800
Fax # 919-560-8102
Courier #: 17-24-13
33. Mr. Hobert L. Freeman, Director
Edgecombe County DSS
3003 N. Main St.
Tarboro, NC 27886
Tel. # Main 252-641-7611
Director 252-641-7631
Services 252-641-7672
Finance Office 252-641-7651
Human Resources
252-641-7690
Fax # 252-641-7980
Rocky Mount Office
301 S. Fairview Rd.
Rocky Mount, NC 27886
Tel. # 252-985-4101
Fax # 252-985-1615
Courier #: 07-50-03 (Tarboro)
07-65-01 (Rocky Mt.)
34. Ms. Ann Hamilton, Director
Forsyth County DSS
PO Box 999
Winston-Salem, NC 27102
Tel. # Administration 336-727-2248
Public Assist. 336-727-8335
Food Stamps 336-727-8341
Child Support 336-727-8143
Child Protective Services/CPS Treatment/
Assist. County Att. 336-727-8305
Child Welfare Services/Adult Services
336-727-2060
Work First 336-727-2175
TANF & Medicaid Red. 336-727-8371
Fraud 336-727-2075
Fax # Admin. 336-727-2850
Pub. Assist. 336-748-3130; 336-727-2842
CPS/Child Support 336-727-2841
Child Welfare Services/Adult Services/
Work First 336-727-2782
TANF & Medicaid Redeterminations/
Fraud 336-727-8491
Courier #: 13-07-01

35. Ms. Nicki Griffin, Director
Franklin County DSS
PO Box 669
Louisburg, NC 27549
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Fax # 919-496-8137
Courier #: 07-06-04
36. Dr. D. Albert Wentzy, Director
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330 North Marietta Street
Gastonia, NC 28052
Tel. # Main 704-862-7500
Medicaid & Children's Day Care 704- 862-7505
Food Stamps 704-862-7510
Child Support 704-862-7520
Work First Employment Services 704-862-7525
Children & Family Services 704-862-7530
Adult Services, Administration & Personnel
704-862-7540
Director's Office 704-862-7888
Fax # 704-862-7885

Courier #: 06-35-01
37. Ms. Gwen Lassiter, Director
Gates County DSS
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Gatesville, NC 27938
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Fax # 252-357-2132
Courier #: 10-21-08
38. Mr. Ronald Clontz, Director
Graham County DSS
PO Box 1150
Robbinsville, NC 28771
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Fax # 828-479-7928
Courier #: 08-40-02
39. Louis W. Bechtel, Director
Granville County DSS
PO Box 966
Oxford, NC 27565
Tel. # Main 919-693-1511
Child Support 919-693-1611
Fax # Main 919-603-5090
Child Support 919-693-1611
Courier #: 17-05-01
40. Mr. Jim Coats, Interim Director
Greene County DSS
227 Kingold Boulevard-Suite A
Snow Hill, NC 28580
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Fax # 252-747-8654
Courier #: 01-81-06

41. John Shore, Director
Guilford County DSS
PO Box 3388
Greensboro, NC 27402
Tel. #: Main 336-373-3701
CPS 336-373-3795
Foster Care 336-373-3819
Adoption 336-373-3834
Child Day Care 336-373-3715
Work First 336-373-3270
Fax # Director 336-333-6868
Child Welfare 336-412-6285
Child Welfare 336-412-6293
Child Day Care 336-333-6064
CPS(Greensboro) 336-333-6099
CPS(High Point) 336-333-6084
Work First(High Point)
336-884-3004
Income Maint.(Greensboro) 336-693-6913
Courier #: 02-15-38
42. Ms. Evelyn Dawson, Director
Halifax County DSS
PO Box 767
Halifax, NC 27839
Tel. # Main 252-536-2511
Food Stamps 252-536-4273
Child Support 252-583-5220
Fax # 252-536-6539
Courier #: 07-42-01
43. Mr. Robert P. (Pat) Cameron, Director
Harnett County DSS
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Lillington, NC 27546
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Fax # 910-893-6604
Courier #: 14-73-02
44. Mr. Tony Beaman, Director
Haywood County DSS
486 East Marshall St.
Waynesville, NC 28786
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Fax Admin. Ch. Sup.&WFFA 828-452-6673
CPS & APS 828-452-6692
Legal Services 828-452-6721
Courier #: 08-14-12
45. Mr. Liston B. Smith, Director
Henderson County DSS
246 Second Avenue East
Hendersonville, NC 28792
Tel. # 828-697-5500
Fax # Admin. 828-697-4544
Child Support 828-698-6107
Children's Services 828-698-5612
Courier #: 06-94-09
46. Jo Ann Hall, Director
Hertford County DSS
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Winton, NC 27986
Tel. # 252-358-7830
Fax # Winton Office 252-358-0597
Ahoskie Office 252-332-4710
Courier #: 10-13-09
47. Mr. Robert Mercer, Director
Hoke County DSS
PO Box 340
Raeford, NC 28376
Tel. # Main 910-875-8725
Child Support 910-875-8755
Fax # 910-875-1068
Courier #: 14-80-12
48. Ms. Gloria C. Spencer, Director
Hyde County DSS
PO Box 220
Swan Quarter, NC 27885
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Fax # 252-926-3081
Courier #: 16-40-05

49. Mr. Donald C. Wall, Director
Iredell County DSS
PO Box 1146
Statesville, NC 28677
Tel. # 704-873-5631
Fax # 704-878-5419
Courier #: 09-34-01
50. Mr. Robert B. Cochran, Director
Jackson County DSS
538 Scotts Creek Road - Suite 200
Sylva, NC 28779
Tel. # 828-586-5546
Fax # 828-586-6270
Courier #: 08-25-22
51. Mr. G. Earl Marett, Director
Johnston County DSS
PO Box 911
Smithfield, NC 27577
Tel. # 919-989-5300
Fax # 919-989-5324
919-989-5455
Courier #: 01-64-33
52. Ms. Thelma A. Simmons, Director
Jones County DSS
PO Box 250
Trenton, NC 28585
Tel. # 252-448-2581
252-448-7581
Fax # 252-448-5651
Courier #: 11-18-10
53. Ms. Brenda Potts, Director
Lee County DSS
PO Box 1066
Sanford, NC 27331-1066
Tel. # 919-718-4690
Fax # 919-718-4634
Courier #: 14-42-05
54. Mr. Jack B. Jones, Director
Lenoir County DSS
PO Box 6
Kinston, NC 28502-0006
Tel. # 252-559-6400
Fax # 252-559-6381
Courier #: 01-22-20
55. Ms. Susan L. McCracken, Director
Lincoln County DSS
PO Box 130
Lincolnton, NC 28093-0130
Tel. # 704-732-0738
Fax # Main 704-736-8692
Adult Services/Child Support/
Work First 704-732-9019
Courier #: 09-02-07
56. Mrs. Jane Kimsey, Director
Macon County DSS
5 West Main Street
Franklin, NC 28734
Tel. # 828-349-2124
Fax # 828-524-1071
Courier #: 08-50-20
57. Ms. Flossie Ball, Director
Madison County DSS
PO Box 219
Marshall, NC 28753
Tel. # 828-649-2711
Fax # 828-649-2097
Courier #: 12-20-07
58. Miss Jean Biggs, Director
Martin County DSS
PO Box 809
Williamston, NC 27892
Tel. # Main 252-809-6400
AFDC/MA 252-809-6400
Food Stamps 252-809-6430
Services 252-809-6403
Child Support 252-809-6413
Fax # 252-792-5186
Courier #: 10-84-30

59. Mr. Michael S. Gibson, Director
McDowell County DSS
PO Box 338
Marion, NC 28752
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Fax # 828-652-9167
Courier #: 12-93-20
60. Mr. Richard W. (Jake) Jacobsen, Jr., Director
Mecklenburg County DSS
Wallace H. Kuralt Centre
301 Billingsley Road
Charlotte, NC 28211
Tel. # Main 704-336-3150
Admin. 704-336-3020
Youth & Family 704-336-2131
Adult Services 704-336-3171
Economic Services 704-353-1500
Fax # 704-336-3361
Economic Services 704-353-1325
Services for Adults 704-336-7965
Youth & Family 704-336-7429
Courier #: 05-14-12
61. Mr. Larry L. Deyton, Director
Mitchell County DSS
PO Box 365
Bakersville, NC 28705-0365
Tel. # 828-688-2175
Fax # 828-688-4940
Courier #: 12-72-07
62. Ms. Lois Ray, Director
Montgomery County DSS
Drawer N
Troy, NC 27371
Tel. # 910-576-6531
Fax # 910-576-5016
Courier #: 03-96-15
63. Ms. Beth Duncan, Director
Moore County DSS
PO Box 938
Carthage, NC 28327
Tel. # 910-947-2436
Fax # Admin. 910-947-1618
Medicaid 910-947-4841
WFFA/Food Stamps
910-947-3027
Services 910-215-5835
Courier #: 03-41-08
64. Mr. Carl M. Daughtry, Director
Nash County DSS
PO Drawer 819
Nashville, NC 27856
Tel. # Admin. 252-459-9818
WFFA/Medicaid 252-459-9831
Food Stamps 252-459-9822
Child Support 252-459-9864
Child Protective Services 252-459-1268
Fax # 252-459-9833
Courier #: 07-72-11

65. Mr. Franklin W. Morris, Director
New Hanover County DSS
PO Drawer 1559
Wilmington, NC 28402
Tel. # Main 910-341-4700
Child Protective Services 910-341-4722
Business Office 910-341-4723
Child Support 910-343-5252
Food Stamps 910-341-4715
Work First 910-341-4719
Medicaid 910-341-4716
Child Day Care 910-341-4719
Fax # Admin./Director 910-341-4022
Food Stamps 910-341-4364
Child Support 910-343-5279
Children's Services 910-341-4382
Public Assistance 910-341-4363
Services 910-341-4360
Courier #: 04-10-16
66. Alice Pope, Acting Director
Northampton County DSS
PO Box 157
Jackson, NC 27845
Tel. # Main 252-534-5811
Food Stamps 252-534-0521
Child Support 252-534-0111
Services 252-534-1772
Services 252-534-1246 & 252-5340-1772
Fax # 252-534-0061
Courier #: 10-03-12
67. Mr. John R. Burd, Director
Onslow County DSS
PO Box 1379
Jacksonville, NC 28541-1379
Tel. # 910-455-4145
Fax # 910-455-2901
910-455-9130
Courier #: 11-08-20
68. Ms. Martha N. Pryor-Cook, Director
Orange County DSS
300 W. Tryon St.
Hillsborough, NC 27278
Tel. # 919-732-9361
Fax # 919-644-3005
Courier #: 17-50-11
69. Ms. Sarah DeLancey, Interim Director
Pamlico County DSS
PO Box 395
Bayboro, NC 28515
Tel. # 252-745-4086
Fax # 252-745-7384
Courier #: 16-50-11
70. Donna Jacobs, Director
709 Roanoke Ave.
Pasquotank County DSS
Elizabeth City, NC 27907
Tel. # 252-338-2126
Fax # 252-338-7512
Courier #: 10-30-01
71. Dr. Reta M. Shiver, Director
Pender County DSS
PO Box 1207
Burgaw, NC 28425
Tel. # 910-259-1240
Fax # 910-259-1418
Courier #: 04-69-11
72. Ms. Chrystal H. Towe, Interim Director
Perquimans County DSS
PO Box 107
Hertford, NC 27944
Tel. # 252-426-7373
Fax # 252-426-1788
Courier #: 10-53-09

73. Ms. Beverly W. Warren, Director
Person County DSS
PO Box 770
Roxboro, NC 27573
Tel. # Main 336-599-8361
Income Maint. 336-503-1137
Services 336-503-1134
Child Support 336-503-1144
Work First 336-598-0227
Fax # 336-597-9339
Courier #: 02-33-17
74. Mr. Edward L. Garrison, Director
Pitt County DSS
1717 W. Fifth Street
Greenville, NC 27834-1695
Tel. # Main 252-413-1101
Director's Private Line 252-413-1205
Income Maintenance 252-413-1224
Services 252-413-1274
Child Support 252-413-1182
Fax # Admin. & Services 252-413-1252
Income Maintenance 252-413-1275
Child Support/Adult Services
252-413-1038
Foster Care 252-413-1040
Courier #: 01-48-44
75. Ms. Sue Rhodes, Director
Polk County DSS
500 Carolina Drive
Tryon, NC 28782
Tel. # 828-859-5825
Fax # 828-859-9703
Courier #: 06-74-02
76. Ms. Martha Sheriff, Director
Randolph County DSS
PO Box 3239
Asheboro, NC 27204-3239
Telephone # 336-683-8000
Fax # Administration 336-683-8131
Staff 336-683-8056

Courier #: 13-67-01
77. Mr. Mikell M. Todd, Director
Richmond County DSS
PO Box 518
Rockingham, NC 28380
Tel. # 910-997-8400
910-997-8480
Fax #: 910-997-8447
Courier #: 03-81-18
78. Mr. Jack D. Bryan, Director
Robeson County DSS
435 Caton Road
Lumberton, NC 28358
Tel. # Main 910-671-3500
Director (Private) 910-671-3547
TANF 910-671-3560
Work First/Day Care 910-671-3490
Medicaid 910-671-3540
Child Support 910-671-3510
Fax # 910-671-3092
Courier #: 14-92-04
79. Mr. James B. Clark, Director
Rockingham County DSS
PO Box 361
Wentworth, NC 27375
Tel. # 336-342-1394
Fax # 336-634-1847
Courier #: 02-28-07
80. Ms. Sandra Wilkes, Director
Rowan County DSS
1236 W. Innes Street
Salisbury, NC 28144
Tel. # Main 704-633-4921
Children's Services 704-638-3139
Fax # Main 704-638-3041
Children's Services 704-638-3134
Courier #: 05-30-05

81. Ms. Penny P. Davis, Director
Rutherford County DSS
PO Box 237
Spindale, NC 28160
Tel. # 828-287-6165
Fax # 828-287-6350
Courier #: 06-64-12
82. Ms. Sarah Bradshaw, Director
Sampson County DSS
PO Box 1105
Clinton, NC 28329
Tel. # Medicaid/Food Stamps/Work First
Cash/Director 910-592-7131
Adult & Family Services/Work First
Employment 910-592-4200
Child Support 910-592-4137
Fax # Medicaid/Food Stamps/Work First
Cash/Director 910-592-4297
Adult & Family Services/Work First
Employment 910-590-2248
Child Support 910-592-1598
Courier #: 11-33-29
83. Mr. Neil Walters, Director
Scotland County DSS
PO Box 1647
Laurinburg, NC 28353
Tel. # 910-277-2500
Fax # 910-277-2402
Courier #: 14-38-03
84. Ms. Barbara D. Whitley, Director
Stanly County DSS
1000 N. First St. - Suite 2
Albemarle, NC 28001
Tel. # 704-982-6100
Fax # 704-983-5818
Courier #: 03-23-02
85. Sharon Scott, Director
Stokes County DSS
PO Box 30
Danbury, NC 27016
Tel. # Main 336-593-2861
King Branch, Tues. & Thurs.
336-983-0481
Director's Home 336-593-9867
Fax # 336-593-9362
Courier #: 09-16-01
86. Barbara Anderson, Director
Surry County DSS
118 Hamby Road
Dobson, NC 27017
Tel. # Admin/Public Assistance/
Child Support 336-401-8700
Services 336-401-8800
Fax # Admin/Public Assistance/
Child Support 336-401-8750
Services 336-401-8860
Courier #: 09-92-02
87. Mr. Harvey J. Hyatt, Director
Swain County DSS
PO Drawer 610
Bryson City, NC 28713
Tel. # 828-488-6921
Fax # 828-488-8271
Courier #: 08-30-10
88. Ms. Carson Griffin, Director
Transylvania County DSS
207 S. Broad St.
Brevard, NC 28712
Tel. # 828-884-3174
Fax # 828-884-3263
Courier #: 06-02-12

89. Mr. Harry B. Foard, Director
Tyrrell County DSS
PO Box 449
Columbia, NC 27925
Tel. # 252-796-3421
Fax # 252-796-1732
Courier #: 16-20-02
90. Mr. Roy Young, Director
Union County DSS
PO Box 489
Monroe, NC 28111-0489
Tel. # 704-296-4300
Fax # Main 704-296-6151
Courier #: 03-07-01
91. Mr. Sam Lane, Director
Vance County DSS
350 Ruin Creek Road
Henderson, NC 27536
Tel. # Main 252-492-5001
Child Support 252-431-1200
Children's Services 252-436-0407
Fax # 252-438-5997
Courier #: 07-24-18
92. Ms. Maria F. Spaulding, Director
Wake County DSS
PO Box 46833
Raleigh, NC 27620
Tel. # Main 919-212-7000
919-212-7300
Fax # 919-212-7309
Courier #: 51-91-00
93. Mr. Henry Hayes, Director
Warren County DSS
307 N. Main Street
Warrenton, NC 27589
Tel. # Main 252-257-5000
Food Stamps 252-456-3006
Services 252-257-5000
Work First 252-257-5019
Fax # Main 252-257-4656
Food Stamps 252-456-4760
Courier #: 07-31-19
94. Mr. Jerry W. Rhodes, Director
Washington County DSS
PO Box 10
Plymouth, NC 27962
Tel. # 252-793-4041
Fax # 252-793-3195
Courier #: 16-13-01
95. Mr. Matthew James Atkinson, Director
Watauga County DSS
132 Poplar Grove Road Connector, Suite C
Boone, NC 28607
Tel. # 828-265-8100
Fax # 828-265-7638
Courier #: 15-92-11
96. Ms. Gwyndella Wilson, Director
Wayne County DSS
301 N. Herman Street, Box HH
Goldsboro, NC 27530
Tel. # Work First/Medicaid 919-731-1048
Admin. Services/Adult & Children's
Services 919-731-1342
Program Integrity/Food Stamps 919-731-1646
Child Support 919-731-1563
Fax # Main 919-731-1350
Borden Building 919-731-1508
Director 919-705-1979
Courier #: 01-15-33

97. Mr. James D. Bumgarner, Director
Wilkes County DSS
PO Box 119
Wilkesboro, NC 28697
Tel. # Main 336-651-7400
336-651-7490
Fax # Main 336-651-7568
Children's Services 336-651-7559
Courier #: 15-10-09

99. Mr. Wayne Black, Director
Yadkin County DSS
PO Box 548
Yadkinville, NC 27055
Tel. # 336-679-4210
Fax # 336-679-2664
Courier #: 09-12-22

98. Mr. J. Glenn Osborne, Director
Wilson County DSS
PO Box 459
Wilson, NC 27894-0459
Tel. # 252-206-4000
Fax # 252-237-1544
Courier #: 01-54-01

100. Ms. Alice Elkins, Director
Yancey County DSS
PO Box 67
Burnsville, NC 28714
Tel. # 828-682-6148
Fax # 828-682-6712
Courier #: 12-45-03

APPENDIX 3

NCDSS DISASTER BRIEFING AGENDA

COUNTY SOCIAL SERVICES DEPARTMENTS

1. Counties (list counties or teams to be included)

2. Purpose of Call

- Storm Update/SERT activities
- Division Communication
- Center Information Telephone

3. Communications Center Contacts

4. Communication Systems

- E-mail by LISTSERV
- Terminal messages by FSIS and EIS
- Fax
- Conference Call Schedule

5. State/County Disaster Plan

- County Feedback on Disaster Status
- Inter-County Staff Sharing

6. Disaster Food Stamp Plan

- Benefits
- Status of County Plans
- Requested Information from Early Assessment
- State Food Stamp Plan Distribution
- Guidelines for Crowd Control and Security
- Key Automation Issues
- Public Information
- Fraud Sample

7. Other Critical Issues

APPENDIX 4

DHHS DISASTER BRIEFING AGENDA

1. Status of Disaster Incident

- SERT Activities
- FEMA Activities
- Storm Impact (weather conditions, roads, utilities)

2. Mass Care

- Shelters Opened
- Special Needs Population Issues
- Feeding Issues

3. Public and Community Health Issues

- Food Safety
- Water Safety Issues
- Injury Prevention Issues

4. Communications and Public Information

Communications Center Information/Status DHHS Team Convening Protocol

- Automation Issues
- Public Information and Press Release Activities

5. DHHS Facilities

- Damage_Assessment/Recovery Efforts

6. Response and Recovery Programs

- Disaster Food Stamp Program
- Individual and Family Grant Program
- Community Relations
- Division of Aging Programs

- Mental Health Crisis Counseling
- FEMA Public Assistance Application Process

Other Issues

DEBRIEFING QUESTIONNAIRE

In order to assist us with the debriefing, each participant will be requested to fill out the following questionnaire.

1. Specific Actions

Please identify specific actions you performed prior to, during and/or following the current disaster. Indicate if the activity was related to response or to recovery efforts.

2. Positive Experiences

Please list the positive experiences and successful actions of the response or recovery efforts in which you were involved

3. Needs Improvement

Please list those areas in need of modification or improvement.

4. Long-Term Strategies

Please list any issues (policy decisions, organizational, resources, structures, etc.) that may require long-term strategies.

APPENDIX 5

PROPOSED CONFERENCE CALL PROTOCOL

- **Purpose of Call**
- **Storm Update/SERT Activities**
- **Division Communication Center (Room 832)**
Insert Telephone Numbers
- **Teams Involved**
Insert Team Numbers and Telephone Numbers
- **Communication Center Contacts**
- **Terminal Messages**
- **State/County Disaster Plan**
- **Disaster Food Stamp Plan**

Benefits
Status of County Plans
Requested Information for Early Assessment
State Food Stamp Plan Distribution
Guidelines for Crowd Control and Security
Key Automation Issues
Public Information
Fraud Sample
- **Proposed Schedule of Calls**

APPENDIX 6

DISASTER RESPONSE COMMUNICATIONS CENTER OPERATIONAL GUIDELINES

Activation

When EOC notifies the DSS Disaster Coordinator that activation of the EOC is imminent or has occurred, he/she informs the Director and the Executive Management Team. The Disaster Coordinator also informs the counties in potential harm's way and advises that they will be made aware if the Communications Center is activated. The Director of NC DSS or his/her designee is responsible for activating the Center

Setting Up the Communications Center

Upon activation, the Disaster Coordinator notifies Administrative Services to activate phones and notifies the Lan Administration to set-up the computer system. He/She contacts the Section Chiefs to alert them that the Center has been activated and to have their representative(s) report.

Operation of the Communications Center

The Chief of Local Support directs the Center's Operation. The Center is the locus for communicating with impacted counties. The hours of operation generally parallel the hours of EOC operation; however, when the Center is not operating (for example, late evening and overnight), the locus shifts to the DSS station at the EOC.

The Center deploys staff to impacted counties to assist with assessing the counties' needs and to serve as points of contact to provide the Center with requested information. The Center also operates a clearinghouse between the impacted counties needs and the personnel available for assisting. The personnel may include NC DSS State staff from the Disaster Registry or volunteer staff from non-impacted local DSS agencies. The Resource & Information Section is responsible for maintaining the databases in the clearinghouse.

Deactivation

The Director or his/her designee determines when the Center is deactivated. At that time, the Disaster Coordinator notifies Administrative Services, the Lan Administrator, and Section Chiefs that the Center is being deactivated.

APPENDIX 7

GENERAL PUBLIC SHELTERS AND AMERICAN RED CROSS (ARC) RESPONSIBILITIES

General public shelters usually are in public buildings and usually meet ADA standards. However, these shelters have limitations and operate for those who are self-sufficient and need no outside professional assistance in performing activities of daily living, or for those who are accompanied by family members or other caregivers who assist with activities of daily living. For those individuals whose needs are beyond that available at public shelters, special care sheltering is available.

Public shelters, including special care shelters, are the responsibility of county government (NC General Statute 166-A) and the American Red Cross (ARC) (Congressional mandate). In those situations where county government opens public shelters and where agreements between ARC and the county social services department (DSS) exist for that purpose, the responsibility for Special Care Shelters normally rests with the county DSS

General Public Shelters. General public shelters are selected with consideration of the proximity of the disaster to the facility the size of the shelter, available feeding facilities and other factors. Whenever possible, these shelters are also expected to provide reasonable accommodations (ramps, interpreters, restrooms, effective communication devices, etc.). Temporary accommodations that are in the best interest of the physically challenged (ramps, rails, etc.) may be arranged through the Red Cross Job Director, who has the authority to borrow, rent or construct such accommodations. However, additions of such modifications to permanent structures can only be done so with the written permission of the facility owner.

The American Red Cross (ARC). The ARC usually manages general public shelters. Evacuees to all public shelters are encouraged to bring sufficient sleeping and personal needs items to include medications with them when advance evacuation time is possible. In cases where the nature of the disaster is immediate, Red Cross may provide such items as cots, blankets, and other comfort accommodations when the shelter is determined to be open for a period longer than 36 hours and when such items are deemed necessary and appropriate. The initial availability of cots, blankets, etc. is dependent upon the local ARC's resources, local government resources or other agency stockpiles within that area. Following the incident when non-affected shelters are able to close, resources may be shifted to remaining open shelters. Resources may need to be diverted to special care shelters due to the condition of the Support Level I and II evacuees as opposed to the healthier evacuees in the general public shelters. Resources such as cots and blankets will be directed to the elderly and medical needs evacuees as a priority when such items are not in sufficient quantities to include all sheltered individuals.

The level of care needed for Support Levels I and II exceed the Red Cross medical protocols. The responsibility for care of these residents rest with the facilities that provide pre-shelter care or with the special care shelters. Medical staff for special care

shelters normally will be provided by the county public health department. Red Cross will work with agencies, after meeting their own health care responsibilities, who are special needs care providers but ARC cannot be responsible for these persons.

ARC will provide Disaster Health Services (DHS) personnel in all general public shelters. The DHS workers will be available for consultation with other medical personnel in the temporary infirmary section. The ARC will provide space and service within their shelters for the Support Level II individuals when special need shelters are not available or accessible and will make a determination regarding the need to retain or transfer those individuals when such action is in the best health interest of the person being sheltered.

Individuals who need special diets will be accommodated through the local hospitals and within the Mass Care function for Support Level III persons in regular shelters. Special dietary needs for persons staying in special needs shelters will be ordered and provided through the agency responsible for the shelter. ARC strives to meet special diet needs but may be limited in doing so during the first few days of a disaster if there has been widespread destruction. ARC will endeavor to assist after meeting their own mass care requirements or at such time that provisions cannot be made by the responsible agency due to disaster related causes.

A request for mass care assistance from ARC does not imply assumption of any financial responsibilities nor liabilities by the American Red Cross. All potential requests for assistance either as a primary or secondary source of mass care in special needs shelters should be agreed upon in writing between the potential service provider and the local American Red Cross unit in advance. Such agreements should outline the general scope of the request to include general nutritional parameters, additional personnel, financial reimbursements if any, liability issues, responsibilities of the service provider to insure release of the ARC from any liability incurred in the consumption of those meals relative to medical dietary requirements and prescriptions.

ARC will bear the financial responsibility for those items that are part of the traditional ARC shelter response when such facilities are deemed "ARC shelters". Specialized medical equipment needed for special needs individuals is the responsibility of the individual or the special care shelter. Medical personnel who work in these special care units are not covered under ARC guidelines.

In Summary. It is important that the service delivery equivalent to the needs of the individual are in keeping with the highest health service available under the circumstances. While the ARC operates shelters general public shelters, it will always provide a place of safe haven and shelter to those in need regardless of their medical condition. It is hoped that this document will provide lead planning time to facilitate the best arrangement and charge those agencies and individuals with providing service through the course of the disaster as implied in NC General Statute 166-A.

As part of their Congressional mandate, ARC will strive to become an advocate to initiate those responsibilities. In cases where there is an absence of service or where local jurisdictions do not or cannot provide service or where the ARC determines that service delivery is inadequate or not to ARC standards, ARC will implement the necessary actions to provide the safest haven for those needing emergency shelter regardless of category.

The ARC will provide support to Support Level I and II shelters when possible and after ensuring that they have met their own disaster responsibilities. In such situations where there is a known deficiency in resources, funding or manpower, parties may negotiate with the ARC to ensure that the interest of the disaster client is best served. Such request will be part of the pre-disaster planning and such agreements must be in writing, and approved by the National ARC prior to the event. Request for mass care support from ARC does not imply assumption of any financial responsibilities or liabilities by the ARC.

APPENDIX 8

SPECIAL NEEDS SHELTER PATIENT CATEGORIES

For the purpose of identifying special needs shelter residents, the following support levels are defined and designated. The care provider and shelter term guidance is also indicated for each category. It should be noted that there may be persons with impairments not included in this list who could be appropriately served in a special care shelter. Each individual's needs and level of care should be determined on a case by case basis.

Support Level I includes individuals requiring recurring professional medical care, special medical equipment and/or continual medical surveillance and who may need to be considered for admission into a hospital or nursing home. It should be noted that regular admission procedures for these facilities would apply.

Terms of Shelter. Support Level I individuals should be transferred to a special care shelter designated in the county mass care plan or to an appropriate alternate facility as soon as possible. Arrangements should be made by hospitals, nursing homes, adult care homes, and other group care facilities to relocate their patients or residents to a like facility to the extent possible. A registered nurse must be present at all times in the designated temporary infirmary or special care shelter.

Care Providers. The care for persons in this support level will be provided by the agency or person normally responsible for pre-shelter care, except when an individual is officially admitted into a hospital or other facility, versus temporarily sheltered, in which case care becomes the responsibility of that facility.

A public health nurse or other nursing or medical personnel shall be provided to those special care shelters to provide appropriate health care services to those classified as Support Level I who do not have a pre-disaster health care provider group/agency/ home or when the pre-disaster provider is not present for whatever reason and health care responsibility falls to the county government.

Examples of Support Level I Special Need Populations. Persons in this support level include, but are not limited to, the following:

Severe respiratory illness patients (oxygen or ventilator dependent)

Dialysis patients requiring more than three dialysis visits weekly.

Comatose patients

Paralyzed persons who are not wheelchair mobile

Severely mentally disturbed persons (potentially violent)

Persons with severe mental illness

Bed-confined persons

Persons requiring intravenous feeding or medications

Persons with severe mental retardation

Persons in the end stage of Alzheimer's
Unstable insulin dependent persons
Persons with unstable Gran Mal seizure
Patients requiring a catheter other than urinary
Persons with chronic incontinence
Persons with advanced senile dementia
Patients requiring complex dressings and continual changes
Unstable cardiac patients
Recently discharged surgical patients (except outpatient surgery)

Support Level II includes individuals requiring some medical surveillance or special assistance. These individuals may be assigned to a special needs shelter/unit.

Terms of Shelter. Shelter residents in Support Level II may be accommodated in most public shelters in the temporary infirmary section, if one exists, for extended periods of time. Transfer to a more appropriate facility may be considered on a case by case basis. A registered nurse provided by the local public health department or another medical provider must be present at all times in the designated temporary infirmary or special care shelter.

Care Providers. The care for persons in Support Level II will be provided by the agency or persons providing pre-shelter care. These include but are not limited to nursing home staff, adult home care staff, home health or hospice care staff, public health staff, other special medical staff, friends or relatives who normally provide in-home care.

A public health nurse or other nursing or medical personnel shall be provided to those special care shelters to provide appropriate health care services to those classified as Support Level II who are not in the care of a health care provider group/agency/home or when the pre-disaster provider is not present and health care responsibility falls to the county government.

Examples of Support Level II Special Need Populations. Persons in this support level include, but are not limited to, the following:

Persons with severely reduced mobility
Persons who have moderate mental illness (non-violent)
Persons who have moderate mental retardation
Infants on APNEA monitors
Persons with HIV/AIDS that are moderately to severely symptomatic.

Support Level III includes individuals who are independent in the pre-shelter phase and are capable of performing activities of daily living. Some of these individuals *may* need limited special assistance or some surveillance due to pre-existing health problems.

Terms of Shelter. Individuals in this support level should be able to stay in regular public shelters unless additional health problems arise. The Disaster Health Services Staff will be able to provide the care that is necessary. If the care required exceeds ARC protocols, then other arrangements in a special care shelter, hospital, or other facility may be necessary.

Care Providers. Persons in this support level may not require special care but may need surveillance and monitoring in order to detect potentially serious medical developments. Some persons may need limited physical assistance.

Examples of Support Level III Special Need Populations. Persons in this support level include, but are not limited to, the following:

Individuals who are wheelchair mobile

Persons with epilepsy

Persons with mild to moderate muscular diseases

Diabetics on insulin (self-administered)

Heart patients with mechanical devices (pacemakers, implanted defibrillators)

Hemophiliacs

Persons with artificial limbs

Persons who are visually or hearing impaired

Persons in a non-walking cast

Persons on special diets

Asthmatics

Persons with significant speech impediments

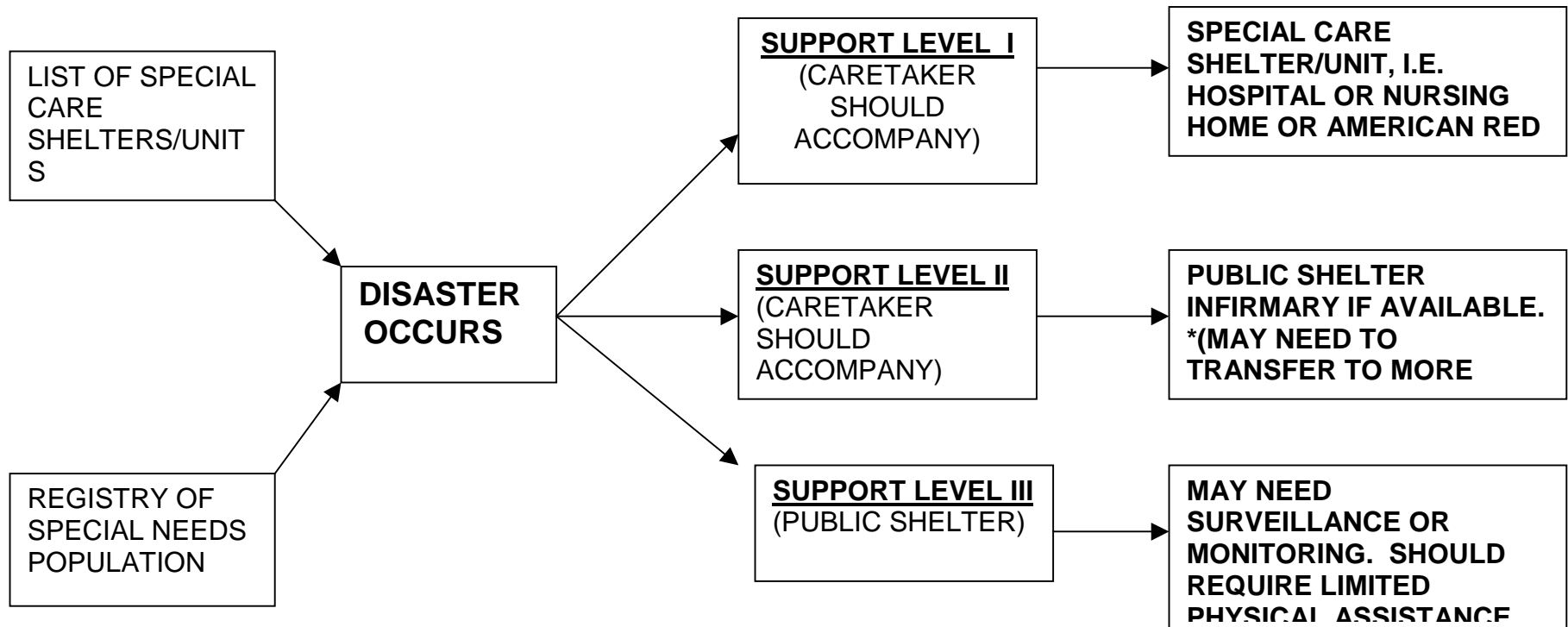
Colostomy patients

Persons with urinary catheters

Dialysis patients requiring one or two dialysis visits weekly

Persons with HIV/AIDS who are asymptomatic to mildly symptomatic

PLANNING GUIDELINE FLOW-CHART FOR SPECIAL CARE SHELTERS/UNITS AND REGISTRIES FOR SPECIAL NEEDS POPULATIONS



APPENDIX 9

CRITERIA FOR DESIGNATING SPECIAL CARE SHELTERS

Essential elements in designating Special Care Shelters include but are not limited to the following:

Americans with Disabilities Act accessibility guidelines (ADA '92)

ARC hurricane selection guidelines

Availability of emergency power (fixed generators)

Close proximity to emergency services

Refrigeration

40-60 sq. ft. per individual/caretaker or 2-3000 sq. ft. per facility

Back-up oxygen supplies

Water supplies and waste disposal system

Food supply and preparation area for special diets

Liquids for special dietary requirements, etc. (i.e., orange juice, milk)

APPENDIX 10

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 1999

SESSION LAW 1999-307
SENATE BILL 34

AN ACT TO PERMIT THE TEMPORARY WAIVER OF CERTAIN RULES FOR
LICENSED HEALTH CARE FACILITIES THAT PROVIDE TEMPORARY
SHELTER OR SERVICES DURING DISASTERS AND EMERGENCIES.

The General Assembly of North Carolina enacts:

Section 1. Part A of Article 6 of Chapter 131E of the General Statutes is amended by adding the following new section to read:

"§ 131E-112. Waiver of rules for health care facilities that provide temporary shelter or temporary services during a disaster or emergency.

(a) The Division of Facility Services may temporarily waive, during disasters or emergencies declared in accordance with Article 1 of Chapter 166A of the General Statutes, any rules of the Commission pertaining to facilities or home care agencies to the extent necessary to allow the facility or home care agency to provide temporary shelter and temporary services requested by the emergency management agency. The Division may identify, in advance of a declared disaster or emergency, rules that may be waived, and the extent the rules may be waived, upon a disaster or emergency being declared in accordance with Article 1 of Chapter 166A of the General Statutes. The Division may also waive rules under this subsection during a declared disaster or emergency upon the request of an emergency management agency and may rescind the waiver if, after investigation, the Division determines the waiver poses an unreasonable risk to the health, safety, or welfare of any of the persons occupying the facility. The emergency management agency requesting temporary shelter or temporary services shall notify the Division within 72 hours of the time the preapproved waivers are deemed by the emergency management agency to apply.

(b) As used in this section, 'emergency management agency' is as defined in G.S. 166A-4(2)."

Section 2. Article 1 of Chapter 131D of the General Statutes is amended by adding the following new section to read:

"§ 131D-7. Waiver of rules for certain adult care homes providing shelter or services during disaster or emergency.

(a) The Division of Facility Services may temporarily waive, during disasters or emergencies declared in accordance with Article 1 of Chapter 166A of the General Statutes, any rules of the Commission pertaining to adult care homes to the extent necessary to allow the adult care home to provide temporary shelter and temporary services requested by the emergency management agency. The Division may identify, in advance of a declared disaster or emergency, rules that may be waived, and the extent the rules may be waived, upon a disaster or emergency being declared in accordance with Article 1 of Chapter 166A of the General Statutes. The Division may also waive rules under this subsection during a declared disaster or emergency upon the request of an emergency management agency and may rescind the waiver if, after investigation, the Division determines the waiver poses an unreasonable risk to the health, safety, or welfare of any of the persons occupying the adult care home. The emergency management agency requesting temporary shelter or temporary services shall notify the Division within 72 hours of the time the preapproved waivers are deemed by the emergency management agency to apply.

(b) As used in this section, 'emergency management agency' is as defined in G.S. 166A-4(2)."

Section 3. This act becomes effective July 1, 1999, and applies to shelter or services provided on and after that date.

In the General Assembly read three times and ratified this the 8th day of July, 1999.

s/ Marc Basnight
President Pro Tempore of the Senate

s/ James B. Black
Speaker of the House of Representatives

s/ James B. Hunt, Jr.
Governor

Approved 9:18 p.m. this 15th day of July, 1999

Appendix 11

SPECIAL NEEDS REGISTRY

(The first two pages include minimum information recommended. Any format may be used.
Counties may include space for any additional information desired)

Name _____

Physical address _____

Closest major intersection: _____

Mailing address if different _____

Telephone _____

TTD/TTY: If yes, same # as above? _____ yes _____ no; or _____

Age _____ Gender () Male () Female

Emergency contact person & relationship _____

Name _____ Telephone _____

Address _____

Primary care physician: Name _____ Telephone _____

Name of Clinic, Practice or Service _____

Address _____

In case of a disaster, do you plan to (check one)

Stay with family or others_____ Please give the name, address, telephone number and relationship of the person you plan to stay with during emergencies

stay at home (if the situation is safe to do so)_____

evacuate to a shelter_____

Can you get to an evacuation shelter on your own? yes _____ no _____

If no, check the kind of transportation needed: standard vehicle (bus, car) _____

ambulance _____ wheelchair equipped _____

Will a caregiver accompany you to the evacuation shelter? yes _____ no _____

Special Needs: self-ambulatory _____ wheelchair user _____

Ambulatory with assistance _____ bedridden _____

Dialysis _____ I.V. _____ If yes, # of times per week _____

Feeding tube _____ catheter _____

Oxygen dependent _____ If yes, do you rely on electricity? _____

Battery back-up _____ home generator _____ Voltage () 110 () 220

Cylinders _____ spares available _____

Oxygen provider _____

Assistance dog (such as a guide dog) _____

If yes, describe _____

I will need the following accommodation(s) for an assistance dog

Note: Individuals are responsible for caring for the needs of an assistance dog, including bringing food and other essential needs to a shelter. Someone must be responsible for elimination needs of assistance dog.

Other needs _____

Place a check mark (✓) in the blank if you have the item and would need to take it with you if evacuating. Place a circle (O) in the blank if you would need the item or service but don't have it or cannot take with you:

___ Respiratory Units
___ Hearing devices
___ Visual Devices
___ Wheelchair
___ Walker
___ Cane
___ Refrigeration for medicine
___ Sign-language Interpreter(type)_____
___ Language Interpreter (circle one: Spanish English Other _____)

Please use the space below for additional information or needs not listed above

_____ I certify that the above information is correct. I understand that I am responsible for all expenses associated with medical evacuation and shelter at a hospital.

_____ I hereby grant permission to _____ (County Emergency Management; local aging office, etc.) to release this information to (other emergency response or human service agencies or officials.) I also give local law enforcement permission to enter my home in case of an emergency.

Signed _____ Date _____

I Name of person filling out this form, if not same as above _____

Telephone _____ Relationship to registrant _____

Signed _____
Date _____

Additional helpful but non- essential information for county Special Needs Registry

Name of apartment complex, mobile home park, neighborhood or development

Directions to home _____

Name of at least one neighbor_____

Telephone_____

Address _____

How far is neighbor from you? _____

Do you have a pet(s) (other than an assistance dog)?____ How many?_____ Have you made plans for sheltering your pet(s)? _____ If so, please explain

Other intended plans during a disaster _____
